WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 14907

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3430

City Saint Louis (No. Peoples Hospital St. ..... Ward)

2. FULL NAME George B. Jones

(a) Residence, No. 1213 North Spring St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OR ~~WIFE OR~~ Elizabeth Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st, 1866

7. AGE: YEARS 67 MONTHS 3 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unk. 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

FATHER

13. NAME Finley Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Emaline McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Mrs Elizabeth Jones 1213 North Spring Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Saint Peters DATE Apr. 15, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED APR 14 1933, 19 Max C. Starkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to April 11, 1933

I last saw him alive on April 11, 1933. Death is said to have occurred on the date stated above, at 7: A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown
Other contributory causes of importance:	
Prostatic hypertrophy	3 Wks

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Name of operation Supra Pubic Cystotomy Date of 4/5/1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Thomas, M. D.

(Address) 5229 N. Jefferson